

SERFF Tracking Number: MUTM-127363570 State: Arkansas
 Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 49521
 Company Tracking Number: ROBYN GONZALES
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: Outline Copays and Rate Adjustments- CP25 09-11
 Project Name/Number: Outline Copays and Rate Adjustments/CP25 09-11

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: Outline Copays and Rate Adjustments- CP25 09-11 SERFF Tr Num: MUTM-127363570 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved State Tr Num: 49521

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: ROBYN GONZALES State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Stephanie Fowler

Authors: Jan Serafini, Jaime Disposition Date: 08/16/2011

Mosqueda, Robyn Gonzales, Kristin Miller

Date Submitted: 08/10/2011 Disposition Status: Approved
 Implementation Date: Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Outline Copays and Rate Adjustments

Project Number: CP25 09-11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Kristin Miller

Filing Description:

NAIC # 63967

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/16/2011

State Status Changed: 08/16/2011

Created By: Kristin Miller

Corresponding Filing Tracking Number:

Individual Medicare Supplement Insurance

Outline of Coverage Modules CP25 09-11, DP2.T04-AR 09-11, RP25.1.T04-AR 09-11

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Enclosed for your review and approval are copies of the above-captioned Medicare supplement outline of coverage modules. These modules are being filed in order to comply with a change in the rates contained in the previously approved outline and to remove language no longer required by regulation.

CP25 09-11 and DP2.T04-AR 09-11 are identical to CP25 00-11 and DP2.T04-AR, respectively, approved by your Department on November 23, 2010 and October 12, 2010, respectively. We removed the language pertaining to Plans E, H, I, and J, no longer offered by our company.

Rate Page RP25.1.T04-AR 09-11 is identical to previously approved rate page RP25.1.T04-AR, approved by your Department on October 12, 2010, except it contains the most recent rates approved by your Department on August 3, 2011. It will be used for all of our Medicare supplement plans sold through our agency and brokerage outlets.

Your review and approval of this submission will be most appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Robyn Gonzales
Senior Product and Advertising Compliance Analyst
Corporate Compliance and Ethics Division
Phone: 402-351-6748
Fax: 402-351-5298
E-mail: Robyn.Gonzales@mutualofomaha.com

Company and Contact

Filing Contact Information

Robyn Gonzales - Admin, robyn.gonzales@mutualofomaha.com
Mutual of Omaha 402-351-6748 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas
Company
PO Box 659567 Group Code: Company Type: Life & Health
San Antonio, TX 99999 Group Name: State ID Number:

SERFF Tracking Number: MUTM-127363570 State: Arkansas
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(800) 929-4765 ext. [Phone] FEIN Number: 74-0651020

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$150.00	08/10/2011	50525374

SERFF Tracking Number: MUTM-127363570 State: Arkansas

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
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Approved	Stephanie Fowler	08/16/2011	08/16/2011
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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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Filing Status	Note To Reviewer	Robyn Gonzales	08/15/2011	08/15/2011
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SERFF Tracking Number:	MUTM-127363570	State:	Arkansas
Filing Company:	Government Personnel Mutual Life Insurance Company	State Tracking Number:	49521
Company Tracking Number:	ROBYN GONZALES		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010
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Disposition

Disposition Date: 08/16/2011

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-127363570 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Outline of Coverage Cover Page	Approved	Yes
Form	Outline of Coverage Disclosure Page	Approved	Yes
Form	Outline of Coverage Rate page	Approved	Yes

Note To Reviewer

Robyn Gonzales on 08/15/2011 08:10 AM

Stephanie Fowler

08/16/2011 01:35 PM

Filing Status

Dear Ms. Fowler:

Thank you,

PDF Pipeline for SERFF Tracking Number MUTM-127363570 Generated 08/16/2011 01:36 PM

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Form Schedule

Lead Form Number: CP25 09-11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 08/16/2011	CP25 09-11	Outline of Coverage	Outline of Coverage Cover Page	Initial			CP25 09-11 (Outline Cover Page).pdf
Approved 08/16/2011	DP2.T04-AR 09-11	Outline of Coverage	Outline of Coverage Disclosure Page	Initial			DP2.T04-AR 09-11 (Outline Disclosure Page).pdf
Approved 08/16/2011	RP25.1.T04-AR 09-11	Outline of Coverage	Outline of Coverage Rate page	Initial			RP25.1.T04-AR 09-11.pdf

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, C, F, G AND N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans.

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First 3 pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance *		Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit \$4,640; paid at 100% after limit reached	Out-of-pocket limit \$2,320; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

Disclosures

Use this outline to compare benefits and premiums among policies.

Premium Information

We, Government Personnel Mutual Life, can only raise your premium if we raise the premium for all the policies like yours in the same geographic area of the state where you live.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to Government Personnel Mutual Life Insurance Company at our administrative office, 3316 Farnam Street, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

The policy may not fully cover all of your medical costs. Neither Government Personnel Mutual Life nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

ZIP CODES: 716-719, 724-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 103.74	Attained Age 65+	\$ 144.88	Attained Age 65+	\$ 148.39	Attained Age 65+	\$ 110.86	Attained Age 65+	\$ 98.38

NON-TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 311.22	Attained Age 65+	\$ 434.64	Attained Age 65+	\$ 445.16	Attained Age 65+	\$ 332.57	Attained Age 65+	\$ 295.14

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 622.44	Attained Age 65+	\$ 869.29	Attained Age 65+	\$ 890.33	Attained Age 65+	\$ 665.13	Attained Age 65+	\$ 590.28

NON-TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,244.87	Attained Age 65+	\$ 1,738.57	Attained Age 65+	\$ 1,780.65	Attained Age 65+	\$ 1,330.26	Attained Age 65+	\$ 1,180.56

ZIP CODES: 716-719, 724-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 119.24	Attained Age 65+	\$ 166.53	Attained Age 65+	\$ 170.56	Attained Age 65+	\$ 127.42	Attained Age 65+	\$ 113.08

TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 357.72	Attained Age 65+	\$ 499.59	Attained Age 65+	\$ 511.68	Attained Age 65+	\$ 382.26	Attained Age 65+	\$ 339.24

TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 715.44	Attained Age 65+	\$ 999.18	Attained Age 65+	\$ 1,023.36	Attained Age 65+	\$ 764.52	Attained Age 65+	\$ 678.48

TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,430.88	Attained Age 65+	\$ 1,998.36	Attained Age 65+	\$ 2,046.72	Attained Age 65+	\$ 1,529.04	Attained Age 65+	\$ 1,356.96

ZIP CODES: 720-721

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 116.19	Attained Age 65+	\$ 162.27	Attained Age 65+	\$ 166.19	Attained Age 65+	\$ 124.16	Attained Age 65+	\$ 110.19

NON-TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 348.56	Attained Age 65+	\$ 486.80	Attained Age 65+	\$ 498.58	Attained Age 65+	\$ 372.47	Attained Age 65+	\$ 330.56

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 697.13	Attained Age 65+	\$ 973.60	Attained Age 65+	\$ 997.17	Attained Age 65+	\$ 744.95	Attained Age 65+	\$ 661.12

NON-TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,394.25	Attained Age 65+	\$ 1,947.20	Attained Age 65+	\$ 1,994.33	Attained Age 65+	\$ 1,489.89	Attained Age 65+	\$ 1,322.23

ZIP CODES: 720-721

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 133.55	Attained Age 65+	\$ 186.51	Attained Age 65+	\$ 191.03	Attained Age 65+	\$ 142.71	Attained Age 65+	\$ 126.65

TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 400.65	Attained Age 65+	\$ 559.54	Attained Age 65+	\$ 573.08	Attained Age 65+	\$ 428.13	Attained Age 65+	\$ 379.95

TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 801.30	Attained Age 65+	\$ 1,119.08	Attained Age 65+	\$ 1,146.17	Attained Age 65+	\$ 856.26	Attained Age 65+	\$ 759.90

TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,602.59	Attained Age 65+	\$ 2,238.16	Attained Age 65+	\$ 2,292.33	Attained Age 65+	\$ 1,712.52	Attained Age 65+	\$ 1,519.80

ZIP CODES: 722-723

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 127.60	Attained Age 65+	\$ 178.20	Attained Age 65+	\$ 182.52	Attained Age 65+	\$ 136.35	Attained Age 65+	\$ 121.01

NON-TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 382.80	Attained Age 65+	\$ 534.61	Attained Age 65+	\$ 547.55	Attained Age 65+	\$ 409.06	Attained Age 65+	\$ 363.02

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 765.59	Attained Age 65+	\$ 1,069.22	Attained Age 65+	\$ 1,095.10	Attained Age 65+	\$ 818.12	Attained Age 65+	\$ 726.04

NON-TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,531.18	Attained Age 65+	\$ 2,138.44	Attained Age 65+	\$ 2,190.20	Attained Age 65+	\$ 1,636.23	Attained Age 65+	\$ 1,452.08

ZIP CODES: 722-723

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 146.67	Attained Age 65+	\$ 204.83	Attained Age 65+	\$ 209.79	Attained Age 65+	\$ 156.73	Attained Age 65+	\$ 139.09

TOBACCO QUARTERLY RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 440.00	Attained Age 65+	\$ 614.50	Attained Age 65+	\$ 629.37	Attained Age 65+	\$ 470.18	Attained Age 65+	\$ 417.27

TOBACCO SEMIANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 879.99	Attained Age 65+	\$ 1,228.99	Attained Age 65+	\$ 1,258.74	Attained Age 65+	\$ 940.36	Attained Age 65+	\$ 834.53

TOBACCO ANNUAL RATES

Policy Form MTP20 (Plan A)		Policy Form MTP22 (Plan C)		Policy Form MTP24 (Plan F)		Policy Form MTP25 (Plan G)		Policy Form MTP31 (Plan N)	
Attained Age 65+	\$ 1,759.98	Attained Age 65+	\$ 2,457.98	Attained Age 65+	\$ 2,517.47	Attained Age 65+	\$ 1,880.72	Attained Age 65+	\$ 1,669.06